

# LOBBYING REGISTRATION FORM

Please complete this form:

## **PART A. LOBBYIST INFORMATION**

### **Section 1. Lobbyist Identification**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

### **Section 2. Others who will lobby on behalf of the lobbyist identified above:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

City: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

City: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

### **Section 3. Identification of Employer (if lobbyist on behalf of another):**

a. First Name: \_\_\_\_\_ b. Last Name: \_\_\_\_\_

c. Business Address: \_\_\_\_\_

d. Nature of Business: \_\_\_\_\_

## **LOBBYIST SIGNATURE**

Phone Number: \_\_\_\_\_

**PART C. AUTHORIZATION TO ACT** (to be completed by Employer)

I here by certify that the information contained herein is correct

Signature: \_\_\_\_\_

**Section 2. Others who will lobby on behalf of the lobbyist identified above:**

First Name of Employer: \_\_\_\_\_

Last Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

**Section 3.**

For the period \_\_\_\_\_, 20 \_\_\_\_\_ thru \_\_\_\_\_, 20 \_\_\_\_\_ as to the following matters

**Section 4.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

5. **This authorization is given with the understanding that this authority may be terminated at a sooner time.**

Section 5. Employer's Signature: \_\_\_\_\_